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ABSTRACT

This program description, written for psychology curriculum developers and faculty, addresses the design, problems, and benefits of incorporating a respecialization course of study into the existing psychology clincial training program at the University of Massachusetts. An example of the individualized curriculum designed to meet the clinical and theoretical program requirements over a 2-year, part-time period, is presented. Financial issues are presented next, both in regard to tuition costs and methods for returning the tuition monies directly to the program. A description of the program's applicants follows, with a rationale for selection criteria. The paper concludes with a review of the benefits and problems that respecialization has presented to both the clinical program and the respecialization student, e.g., enrichment, competition for limited resources, financial costs, and professional identity. (BL)

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Respecialization Training in the Psychology Department Clinic

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A paper presented as part of a symposium entitled, The Psychology Department Training Center: Old Problems and New Solutions at the annual meeting of the American Psychological Association, Anaheim, California, August, 1983.

In 1978 the Director of Clinical Training at the University of Massachusetts appointed a committee to explore the possibility of establishing a respecialization program to be affiliated with the clinical training program. Lengthy deliberations ensued which considered the need for such a program, the cost and benefits of such a program, the formulation of an appropriate curriculum and criteria for admission.

The needs assessment consisted of surveying several non-clinical psychology departments within Massachusetts to determine whether there would be interest in such a program. The response was immediate and affirmative; as soon as word got around that such a program was under consideration, interested psychologists began contacting the program for the purpose of applying. This positive response on the local level was consistent with the need which the American Psychological Association had already assessed on the national level.

With regard to curriculum, there was general concurrence with the idea that the program of study already established for clinical students would be followed, with the exception of course work or academic requirements having to do with experimental design or research execution. The presumption was that applicants would have already demonstrated competence in those areas. It was clear from the outset that it would be necessary to individualize each student's course of study to some degree, based on prior training and experience. Respecialization students would be expected to acquire theoretical sophistication as well as therapeutic and assessment skills. In accordance with the guidelines formulated by the APA Council, in 1976, it was clearly decided that the program would by no means be limited to practicum training, but rather that a full exposure to the

accumulated knowledge of the field would be mandatory. Practicum experience would coincide with seminars and course work but not replace or take precedence over such academic requirements. The specific curriculum established for the Respecialization Program consisted of the following:

Year I: First Semester:

Psychopathology

Assessment I

Clinical Practicum

Second Semester:

Assessment II

Social Ecology

Clinical Practicum

Year II: First Semester:

Psychodynamic Core Course

Clinical Specialty or Seminar

Clinical Practicum

Second Semester:

Behavioral Core Course

Clinical Specialty or Seminar

Clinical Practicum

With regard to the issue of program duration, much debate focused on whether to make the program a one- or two-year course of study. Input from local non-clinical psychologists who had expressed interest in the program suggested a preference for a two-year part-time program, which they viewed as enabling them to acquire as much training as possible while concomitantly retaining employment. Communication with other respecialization programs suggested that a two-year program made sense if for no other reason than a practical one; namely, students enrolled in a one-year program would be in the position of applying for clinical internships during the fall semester--at a time when they would have had minimal opportunity to become known to supervisors and professors. Consideration of all of the above factors resulted in opting for a two-year program, which was initially described as half-time. This has subsequently been revised to three-quarter time, as it quickly became evident that the respecialization students found it necessary to commit approximately 25 or more hours each week to the program. Students enrolled in this program have been given the option of taking courses in addition to their minimum requirements from any of the courses available in the psychology department; however, this option has not been taken, primarily due to the burdensome time constraints encountered by these students.

Another deliberation had to do with the financial aspect of the program; various alternatives were considered. There was consensus that tuition should be charged, and there was initial hope that the tuition might be used either directly or indirectly to support program needs. Using a traditional model of university registration with tuition payment made to the university would have resulted in tuition monies going to the State's general fund, with very

little likelihood of its returning to the program. Ultimately it was decided to establish a special program through the University's Division of Continuing Education. The Division handles the formalities of registration and also grants continuing education units (in lieu of graduate credits). A trust fund was established whereby 90% of tuition money returns to the Psychology Department and is used for support of the program. Specifically, this money has been used for hiring additional supervisory and support staff in the Psychological Services Center, the clinical program's primary practicum site. Currently the annual tuition is $4,000 per year for the two years of on-campus work, and no fee for the internship year. From the outset it was clear that financial aid to respecialization students would not be possible due to already decreasing departmental resources. However, instances have occurred in which openings for part-time instructorships or teaching assistantships have unexpectedly arisen, and have been offered to respecialization students.

A decision was made to limit the size of the respecialization program to a small percentage of the overall clinical program. Two new respecialization students are admitted each fall in contrast to approximately eight admissions into the clinical program. Since respecialization students are involved in the program for a two-year period, there are four students on campus at any time, which has been deemed the maximum number the program can comfortably accommodate. It is a large enough group to exist as a critical mass, but not so large that the department resources are overburdened.

Description of Applicants

A wide range of backgrounds and goals have been represented by the applicants during the first two years of the program's existence. During a recent application period there were a total of 21 completed applications. This number does not give an accurate reading of actual interest in the program since there were a large number of telephone and letter inquiries (approximately 60) from persons to whom it was communicated in the preliminary stages that an application would be inappropriate.

Inappropriate applicants most commonly included those individuals who did not have doctorates in the field of psychology. Calls have been received from professionals in the fields of social work, anthropology, medicine, and home economics, to name but a few. Typically such persons were interested in a new career, and mistakenly thought that the respecialization program might be appropriate.

A more complicated category of applicants consisted of non-credentialled psychologists who had been doing clinical work, often for a considerable length of time, but who were suddenly finding themselves up against some credentialling requirement. For example, an Army psychologist with a doctorate in counseling, who had been doing clinical work in the Army for nine years, found himself up against a new regulation specifying that individuals in his position needed a clinical Ph.D. or respecialization certificate. A director of a community mental health center had been doing clinical work for twelve years but found himself ineligible for licensing and listing in the National Register of Health Service Providers in Psychology. Such individuals did not actually need training, but

rather some method of becoming legitimized within recently established specialty guidelines. Though the faculty of our program were sympathetic to the plight of such persons, it was felt that they were clearly inappropriate for a training program; what these persons needed was a credentialling service, one which could legitimately evaluate their past experience. Usually such applicants were quite open about their dilemma; a few actually queried whether they might simply submit an elaborated document of their clinical experience, pay the tuition, and be granted a certificate of respecialization. Such a procedure was considered out of the question by our faculty.

Another category which proved to be problematic for our Respecialization Committee consisted of psychologists who were brand new Ph.D.'s and several who had not even completed their Ph.D.'s but were wishing to respecialize! The Respecialization Committee found itself quite conflicted about such individuals. It was felt that ideally respecialization candidates should have had an opportunity to practice within their own training specialty before seeking to respecialize; presumably a decision to respecialize would therefore be based on an informed sense of working within one's own field of training. The response of applicants to this criterion was commonly a statement of their wish to practice within their field of training, but an inability to gain employment there. Some of these neophytes felt that it would be quite unfair to accept candidates with established and secure employment over applicants such as themselves who were facing employment difficulty and consequent financial crisis. After thorough consideration of this problem, the Respecialization Committee recommended that admissions preference be given to psychologists who had acquired some substantial experience within their field of

specialization. The Committee presumed that for such candidates the choice to respecialize would be based on a more informed sense of their specialty fields, and that they would thus be more valuable assets to our program during their period of enrollment. The possibility was left open, however, for a new Ph.D. to be admitted, if indeed the applicant had a clearly articulated sense of purpose and a significant level of predoctoral involvement in his/her field of specialty. Individuals without doctorates in psychology would not be considered for admission at all.

Issues and Problems

For the Clinical Program

After three years of offering respecialization training, several benefits and problems associated with attaching such a program to an established clinical training program are evident. On the plus side is the enrichment that such individuals have brought to our learning environment. They have provided our clinical students and faculty with easier access to interdisciplinary thought. The four current respecialization students have backgrounds in animal behavior, social psychology, personality, and perception. Their participation in our training program has broadened our views of psychology as a whole, and has subtly enriched the clinical work done by our students. The vantage points of a specialist in primate behavior or a social psychologist can be quite complementary to that of the clinician. Consequently our own views of clinical assessment, research, and treatment have certainly been expanded.

Of course, there are problems as well. The most striking one seems to be the cost of such a sub-program. Though there are only a few respecialization students at any one time, the programmatic cost is considerable. Time for administration, advising, teaching, and supervision adds up quickly, and there is no simple mechanism for appropriately crediting faculty who provide such services for respecialization students. Though there is some financial gain for the psychology department which results from the program, this money has been needed to fill the void left by other decreased funding sources, such as the NIMH training grant. Consequently, such money has not been designated specifically for the respecialization program itself.

Other problems are more subtle, but nevertheless quite real. One problem has to do with the fit of such individuals within a long established program. A specific issue which has recurred several times relates to the sentiment toward such individuals from regularly matriculated clinical students. Occasionally, regular clinical students have expressed resentment of the respecialization students, based on the feeling that these special-category individuals use up departmental resources, and also compete with regular clinical students for practicum and internship placement. This leads into discussion of yet another area of concern regarding such a program, namely the issue of flooding the profession with more clinicians than are needed.

Students and faculty alike are aware of the fact the clinical employment scene is worsening each year. It is very possible that clinicians will soon find themselves with that same plight of those desperate colleagues who have chosen the clinical respecialization route primarily

out of a hope of acquiring employability. Of course there are some who feel that it is a more judicious and economical investment to provide two to three years of clinical training to nonclinical psychologists than it is to take applicants with bachelors' degrees who need five or six years of education. Clearly an assessment of this problem is needed both on a departmental as well as a national level.

Another unexpected problem experienced by the clinical program has to do with the educational ideology of the faculty. A program which espouses the Boulder model of training finds itself in a peculiar situation of training certain individuals almost exclusively how to become practitioners. The likelihood of respecialization students having interest or time to do clinically relevant research is quite small. Consequently, they can easily become poor role models for other new students who are coming to the program to become scientist-practitioners. On a broader level is the impact that such training will have on the definition of clinical psychology in the years to come; that aspect remains unclear at this time.

For the respecialization student

The most significant problem encountered by respecialization students thus far has had to do with the redefinition of professional identity, and the difficulties inherent in making a transition from being a scientist to also being a practitioner. Our clinical program is based on the Boulder model which of course has as its goal the training of scientist-practitioners; one would think therefore that adding the practitioner component onto the scientist part would come quite easily. The fact of

the matter is that many clinicians, students and faculty alike, really think quite differently. Individuals with backgrounds in the more "hard-science" aspects of psychology have found themselves struggling with clinical data which tend to be more amorphous than experimental measurements. In the early stages of training such students have found themselves being skeptically critical of clinical theory and procedures. Often the criticism is justified and actually echoes that which exists within the field. However, it seems that at times the cynicism may be as much a result of stress stemming from the process of professional transition, and the confusion which can be generated in such a process. Still on the emotional level, another problem encountered by such individuals has to do with being in the position of student once again. This has been particularly difficult for those respecialization candidates who are coming from teaching positions themselves. It is an adjustment which does not always come easily.

Other problems are the pragmatic ones of time and money. Few people can afford the luxury of taking yet another three years off from work to complete a postdoctoral program, which not only provides no financial aid, but actually costs a substantial amount of money. This difficulty was recognized when the program was established, and the curriculum was constructed so as to require only half-time to three-quarter-time involvement, so that candidates could use the remainder of time to generate income. In actuality what has happened in all but one case is that respecialization candidates have held down a full-time job commitment with their program of study. There have been cries of exhaustion on their part as a result, but they all have been successfully able to tend to all their requirements both in the program and at work.